### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filled within 20 days of receipt of the gift or bequest.

#### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Indexed	OHICE USE OHLY
Audited	
Checked	
Computer	

Jame of Department or Office		
Name of Department or Office 406 N. High St. PO Box 10		
Malling Address C	Anamosa, Iowa 52205 City, State, Zip Code	
319-462-3504 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:	
Sheryl Perrin, Admin. Asst.	V = 1	
lame		
failing Address (if different from above)	City, State, Zip (if different from above)	
mall Address	Area Code & Telephone Number (If different from above)	
NOR OF GIFT OR BEQUEST:		
Camp Courageous ame		
2007 190th St. Monticello, IA 52310		
ailing Address City, State, Zip Code	May & June, 2012 \$29,878.95	
	Date of Gift or Bequest Amount/Value*	
rea Code & Telephone Number	*value is defined as "fair market value" of item as determined by	
mail Address (optional)	receiving department or office. If no value mark "0.00".	
The state of the s		
rovide a description of the gift or bequest and purpose thereof;		
ood - dinner rolls, biscuits, juices, yogurt, sundae cones, cream cheese pread, cereal, pancake mix, butter, sweet rolls, creamer, ravioli, cookle	e, cookies, penne chicken, cheese, crescent rolls, pizza rolls, sandwich e dough, cake, healthly choice meals, waffles, frozen donuts.	
riteria to use this form:		
eceipt of any gift or bequest that is received by any department of the s	state or received by the Courses and but it is	
the second secon	nate of received by the Governor on behalf of the state.	
ement of Affirmation:		
Jerry Burt affirm that the gift or hequest reported above	o is accurate. I further offers that the tate	
ssment of the fair market value (if applicable) is correct and true to the b	e is accurate. I further affirm that the information concerning the donor a best of my knowledge.	
A TR		
Show Both	7-17-12	

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR REQUEST:

### FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

Indexed	
Audited	
Checked	
Computer	

Anamosa State Penitentiary		
ame of Department or Office 06 N. High St. PO Box 10  Anamosa, Iowa 52205		
Mailing Address		
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:	
Sheryl Perrin, Admin. Asst.		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
sheryl.perrin@iowa.gov Emall Address		
	Area Code & Telephone Number (if different from above)	
OONOR OF GIFT OR BEQUEST:		
Barb Szucs Name 406 N. High St. Anamosa, Iowa 52205 Mailing Address City, State, Zip Code  Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift or bequest and purpose thereof:	5/9/12 \$8.99  Date of Gift or Bequest Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark *0.00*.	
1 Book to the inmate library		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.	

Statement of Affirmation:

I, <u>Jerry Burt</u> affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 60319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

#### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

ndexed	ffice use only	
Audited		
Checked	***************************************	
Computer		

Anamosa State Penitentiary		
Name of Department or Office 406 N. High St. PO Box 10		
Aciling Address	Anamosa, Iowa 52205 City, State, Zip Code	
319-462-3504 Area Code & Telephone No.	y, State, Zip Code	
DNTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	F	
Sheryl Perrin, Admin. Asst.	C:	
lame		
failing Address (if different from above)	City, State, Zip (if different from above)	
shcryl.penin@iowa.gov		
mail Address	Area Code & Telephone Number (if different from above)	
NOR OF GIFT OR BEQUEST:		
The Pace Family		
ame		
915 NW 23rd St. Oklahoma City, OK 73127		
alling Address City, State, Zip Code	5/18/12 \$4,613.73	
rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
mall Address (optional)	receiving department of bilice. If no value mark "0.00",	
Provide a description of the old as house to all the		
Provide a description of the gift or bequest and purpose thereof:		
92 copies of "the Purpose Driven Life" 208 copies of	"Mentor the Kid & the CEO", and one audio book	
riteria to use this form:		
eccipt of any gift or bequest that is received by any department of the sta	ate or received by the Governor on bobols of the state	
, , , , , , , , , , , , , , , , , , , ,	to or received by the Governor on perial of the state.	
ement of Affirmation:		
Terry Rest was the		
Secret Secret affirm that the gift or bequest reported above is sement of the fair market value (if applicable) is correct and true to the be	s accurate. I further affirm that the information concerning the donor are st of my knowledge.	
	•	
4 00		
Jana B. Bu	7-17-12	

# 10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of low or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

#### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

	Indexed	
va	Audited	
	Checked	100
	Computer	
		_
		1
*		
		1
*		
		-
t from	above)	
Vumb	er (if different from above)	
	•	
12	\$483.37	
	Amount/Value*	
arket	value" of item as determined by	
fice.	If no value mark "0.00".	
		_
		- 100
		1
n beh	alf of the state.	
	and the state.	
a 1-5-		
ic inic	ormation concerning the donor and	
-	-17-17-	

Date

### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Anamosa State Penitentiary	i i	
Name of Department or Office 406 N. High St. PO Box 10	Anamora Jawa 52205	
Mailing Address 319-462-3504	Anamosa, Iowa 52205 City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FFICE:	
Sheryl Perrin, Admin. Asst.		
Name		
Mailing Address (if different from above) sheryLperrin@iowa.gov	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
	And good a telephone Mainter (it different from above)	
ONOR OF GIFT OR BEQUEST:		
Various Inmates		
Name	- I	
406 N. Hight St. PO BOx 10 Anamosa, IA 52205		
Mailing Address City, State, Zip Code	_ May 6 I _ 2010	
ony, state, zip socie	May & June, 2012 \$483.37	
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
a reception rection	*value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift or bequest and purpose thereof:		
18 Books doanted to the inmate library.		
Criteria to use this form:		
Populat of any old as because I in a few		
Receipt of any gift or bequest that is received by any department of th	ie state or received by the Governor on behalf of the state.	
tement of Affirmation:		
essment of the fair market value (if applicable) is correct and true to the	pove is accurate. I further affirm that the information concerning the donor and the best of my knowledge.	
to the to the second value (ii approacie) is correct and true to the	ne best of my knowledge.	